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Center for Integrated  
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**PBHCI Project Sustainability**

Regional Meetings 2014

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**PBHCI GRANTEE MEETING – REGS.  
VI, VII & VIII**

**Michael Duffy**

January 30 & 31, 2014

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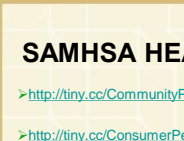
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**SAMHSA HEALTH REFORM TOOLKITS**

- > <http://tiny.cc/CommunityPrevention>
- > <http://tiny.cc/ConsumerPeerFamily>
- > <http://tiny.cc/HomelessServices>
- > <http://tiny.cc/CriminalJustice>
- > <http://tiny.cc/TreatmentProviders>
- > <http://tiny.cc/GettingReady>  
(GENERAL)



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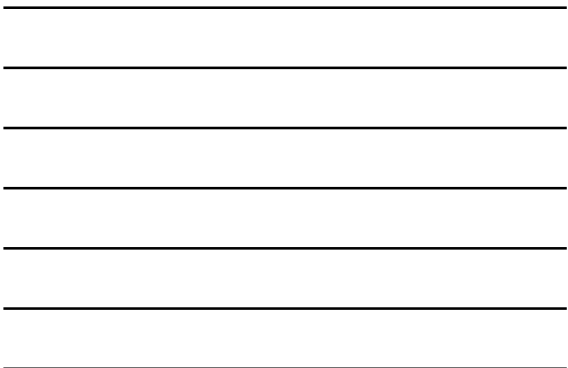
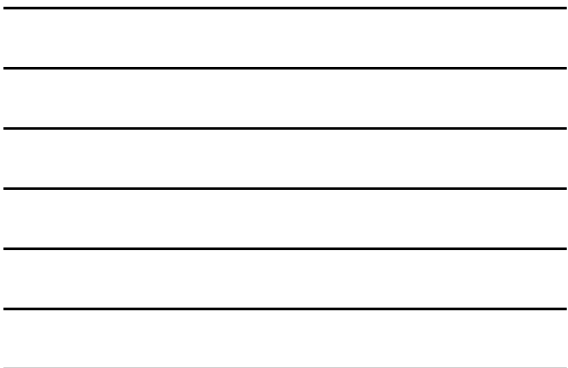
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## The Sustainability Checklist Addresses:

1. Administrative/Infrastructure Sustainability
2. Clinical Sustainability
3. Financial Sustainability

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## Administrative Sustainability (1)

### Vision and Mission

- What is the vision and mission of your agency?
- Does it need to change?
- Options
  - Treat SPMI and their behavioral health issues only
  - Treat SPMI in a Health Home with primary care
  - Treat all mental health w/o primary care
  - Treat all behavioral health (MH & SA) without primary care
  - Treat all behavioral health with primary care

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## Administrative Sustainability (2)

### Organizational Infrastructure

- Is your governing board engaged and knowledgeable about integration?
- Is integration a part of your vision and mission?
- Is integration embedded in your strategic plan?
- Do your administrative policies (e.g., confidentiality, billing and reimbursement, ethics) support integration?
- Do your clinical policies include care coordination, annual lab work, prescribing, smoking?

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Administrative Sustainability (3) **SAMHSA-HRSA Center for Integrated Health Solutions**

### Organizational Infrastructure (cont.)

- Does your treatment plan include at least one health goal?
- Does your quality improvement program include benchmarks for integration activities?
- Does your quality improvement data drive change processes?
- Are you participating in your state's health home discussions?

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Administrative Sustainability (4) **SAMHSA-HRSA Center for Integrated Health Solutions**

### Organizational Infrastructure (cont.)

- Does your quality improvement program include benchmarks for integration activities?
- Are you in contact with likely Accountable Care organizations in your area?
- Do you know the implications of Medicaid expansion in 2014 on your agency?
- Does your organization support the health and wellness of your employees?

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Administrative Sustainability (5) **SAMHSA-HRSA Center for Integrated Health Solutions**

### Human Resources

- Do your job descriptions for case managers, therapists, nurses, and doctors include key tasks associated with integration?
- Do your performance evaluations include integration tasks?
- Does your new staff orientation include integration?
- Does your staff development program include integration trainings?

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**Administrative Sustainability (6)** **SAMHSA-HRSA Center for Integrated Health Solutions**

### Health Information Technology

- Are you using a certified electronic system?
- Can your system generate registries for staff to use to support integration?
- Can you generate a Coordination of Care Document (CCD)?
- Does your clinical record support documentation of physical health related services?
- Can your system generate an electronic bill after the completion of a documented event?

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**Clinical Sustainability (1)** **SAMHSA-HRSA Center for Integrated Health Solutions**

### Consumers

- Is integration part of the service every consumer receives?
- Are consumer wellness programs a part of your service array for everyone?

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**Clinical Sustainability (2)** **SAMHSA-HRSA Center for Integrated Health Solutions**

### Medical Staff

- Are the medical/psychiatric staff required to monitor physical health issues?
- Does your annual lab assessment include metabolic syndrome indicators?
- Are blood pressure and BMI measurements completed at each medical visit?
- Have nurses transitioned from "mental health nurses" to "integrated health nurses"?

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**Clinical Sustainability (3)**

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### Behavioral Health Staff

- Have case managers and therapists been trained on health navigation/care coordination?
- Are health and wellness goals in your treatment plans?
- Are supervisors supporting staff to implement integration including reviewing consumer health goals during supervision?

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**Financial Sustainability (1)**

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- Are you billing for all possible behavioral health services provided? Primary care visits?
- Are your billing staff trained on correct billing procedures such as the proper CPT code, linked with the proper diagnostic code and the proper credential?
- Are you as an agency and your providers empanelled with all of the appropriate managed care plans?
- Are your Medicaid and Medicare numbers appropriately linked to the service provided?
- If partnering with an FQHC, do you understand FQHC billing rules and regulations?
- Does the FQHC understand the CMHC billing rules and regulations?

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**Financial Sustainability (2)**

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- Do you know what existing billing codes for integrated health are billable in your state and to which third party source?
- Have you walked through your workflow and identified who can pay for each step of your process - with your clinical and billing staff at the same time?
- Are you advocating for the use of key interim codes in your state if they are currently not available?
- Do you have a business plan for growing your integration business?
- Have you quantified the impact of Medicaid expansion on your business plan in 2014?

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**Financial Sustainability (3)**

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### How many patients need to be seen?

Question #1

- Do you know how much money your organization needs to make in order to support your integrated care vision? Key elements - number of consumers seen for PC; how often are they seen per year for a PC visit; what is your payer mix; and your average reimbursement per visit

Question #2

- Have you identified the baseline caseloads for both primary care and behavioral health clinicians? (i.e., for full time a NP = 750, PC = 1500 at 3 visits per patient per year, 15-20 minute visits)

Question #3

- Are your clinicians seeing enough patients to meet the financial need?

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**Financial Sustainability (4)**

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### Payer Mix and Sufficient Panel Size

Do you know your current payer mix for integrated care?

- % Medicaid
- % Medicare
- % Commercial
- % Self-Pay
- % Uninsured

Do you have an eligibility staff person and process to ensure all eligible clients have benefits, especially for Medicaid and SSI?

Are staff trained in SOAR? (Increases approval of SSI applications)

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**Financial Sustainability (5)**

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### Ideas for Sustaining Wellness Services

- Include wellness education in billable services—therapy groups, rehabilitation groups, peer specialist authorized services
- Partner with other organizations: YMCA, Dental Free Clinics, Health Clubs, Universities to provide free or lower cost services
- Develop internships with universities for Diabetes Educators, Nutritionists, and others

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Financial Sustainability (6)

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**If the mix and number of services are insufficient to cover your costs, can you:**

- Grow your number of insured clients by marketing to the community, hospitals, health providers, non-profits?
- Form partnerships to provide additional lines of business?
- Allow the primary care providers to see clients who aren't your clients *in your space*, to provide revenue to cover more hours of service?

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Financial Sustainability (7)

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**Other Ideas for Covering Your Costs**

- Look for local foundations or community chests who will support healthcare for the uninsured.
- Ask a hospital for a "grant" to close the gap for the uninsured to reduce the hospital's write-off of charitable care for uninsured patients.
- Develop materials with a client story, data about the need for primary care, and a easy-to-read summary of your outcomes—for potential funders or local officials.

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Financial Sustainability (8)

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Possible Scenario in Oklahoma	CPT Code	\$
1. Patient David with Medicaid in OK comes into the CMHC and sees his psychiatrist for a medication check	99212HE	\$ 38.46
2. David's case manager accompanies him to the FQHC clinic for a physical exam-- Case Mgmt. Code (or Health Home Care Coord. at a different rate)	T1017HEHN	\$ 16.38 (15 minutes)
3. The FQHC medical provider in OK conducts a SBIRT screen	99408	\$33.41 (15 min. assess.)
4. The FQHC medical provider conducts the physical	Bundled FQ rate	\$ 150
5. Later that day the peer support specialist in the CMHC works with David on how to quit smoking for a half hour (30 minutes)	H205	\$19.50 (\$9.75 for 15 min. x 2)
Total Billing		\$ 257.78

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## A Sustainability Success Story- LifeStream

- Concrete sustainability plan developed at conclusion of Year 1. Decisions guided by goal of securing substantial state- and community-supported funding streams.
- Medicaid/Medicare payer mix is (approximately) 65%.

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## A Sustainability Success Story (cont. 2)

- Sustainability plan focused on developing a funding mix that would allow the clinic to continue to provide integrated services to adults with SMI. This included private insurance, Medicaid/Medicare reimbursement, and other sources of income. LifeStream had to develop a mechanism to be able to serve the indigent population. The plan identified a handful of private 3<sup>rd</sup> party payers who provided significant revenue through reimbursement for services (this is where the application of the revenue management cycle can provide the biggest return, worth the investment of time and energy).

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## A Sustainability Success Story (cont. 3)

- Many of the HMOs were not interested in partnerships until LifeStream was licensed for primary care. Currently building relationship with a new HMO that is very interested in prevention and intervention activities (much more so now than prior to health reform). They are in the brainstorming stages.

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### A Sustainability Success Story (cont. 4)

- LifeStream attended a series of county meetings on the "Hospital District Tax." County residents pay a special tax for indigent care. LifeStream received a small percent of this county revenue but other hospitals received the lion's share. The county's concern was the lack of accountability - \$\$ just going into hospitals, no data on effectiveness, or benefits to county. LifeStream officials met with local officials presenting data on cost effectiveness, efficiency and accountability of the LifeStream PBHCl initiative, making the case that "indigent" patients are their patients already and getting better primary care in BH setting than FQHC or hospital (patient centered integrated care model, chronic care model). The grantee knew exactly what it would cost to sustain after grant.

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### A Sustainability Success Story (cont. 5)

- Obtained primary care license which allowed the agency to bill for Medicare and Medicaid population.
- LifeStream has good reputation in county.
- The tax went up for vote in community and passed, with a caveat that there be better oversight and accountability. Also, the ACA happened in this interval with a focus on prevention and intervention, keeping people as healthy as possible.

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### A Sustainability Success Story (cont. 6)

- County decided to allocate much larger portion of tax revenue to LifeStream.
- County also allocated funding from this revenue stream to support expansion of PBHCl clinic into another city in the county.
- Some fallout (e.g., the FQHC lost some revenue in this reallocation process). However, LifeStream was able to demonstrate it is treating patients being turned away from FQHC because they do not have Medicaid/Medicare.
- Transportation is the only service not fully funded – and they are working on that! Otherwise 100% sustainable, post-grant. *Rick Hankey, Project Director, LifeStream, Florida*

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## Discussion



The illustration shows a group of eight stylized people with different hair colors (blue, green, grey, brown, black, orange, black, yellow) sitting in a row on a dark grey bench. They are all facing away from the viewer towards a large, empty white rectangular screen. The background is a light yellow wall with a faint grid pattern. The floor is a solid dark grey.

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